

**COMBINED DECLARATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)**

Attorney Docket No.:
59150-8036

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND METHOD FOR NERVE REGENERATION

the specification of which (check only one item below):

- has been transmitted by the International Bureau.
 was filed as United States application Serial No. * on *.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or of any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC §119	
PCT	JP 2003-284559	31 July 2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PCT	JP 2003-125681	30 April 2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PCT	JP 2003-092923	28 March 2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT application(s) in the manner provided by the first paragraph of 35, U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56(a) which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. Serial Nos. Assigned (if any)		
PCT/JP2004/004385	26 March 2004		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

All attorneys associated with Customer No. 22918, affiliated with Perkins Coie LLP.

COMBINED DECLARATION AND POWER OF ATTORNEY (CONTINUED)
(Includes Reference to PCT International Applications)

Attorney Docket No.:
59150-8036

Send Correspondence to: Perkins Coie LLP P.O. Box 2168 Menlo Park, CA 94026 Customer No. 22918		Direct Telephone Calls to: Jacqueline F. Mahoney (650) 838-4410
---	--	--

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME TOHYAMA	FIRST GIVEN NAME Masaya	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Osaka	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9-3, Shinsenrikitamachi 2-chome Toyonaka-shi	CITY Osaka	STATE & ZIP CODE/COUNTRY 560-0081 JP
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME YAMASHITA	FIRST GIVEN NAME Toshihide	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Chiba	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1-8-1, Ihana, Chuo-ku, Chiba-shi	CITY Chiba	STATE & ZIP CODE/COUNTRY 260-0856 JP
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME TANAKA	FIRST GIVEN NAME Hiroyuki	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Osaka	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2-2, Yamadaoka, Suita-shi	CITY Osaka	STATE & ZIP CODE/COUNTRY 565-0871 JP
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME HIGUCHI	FIRST GIVEN NAME Haruhisa	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Osaka	STATE OR FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP JP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2-2, Yamadaoka, Suita-shi	CITY Osaka	STATE & ZIP CODE/COUNTRY 565-0871 JP

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

Date _____ Signature _____

SIGNATURE OF INVENTOR 202

Date _____ Signature _____

SIGNATURE OF INVENTOR 203

Date _____ Signature _____

SIGNATURE OF INVENTOR 204

Date _____ Signature _____